



## ARCHITECT AND LICENSEE'S AFFIDAVIT

(Check Appropriate Facility Type)

- ☐ LONG TERM CARE FACILITY<sup>1</sup>    ☐ CLINIC<sup>2</sup>    ☐ CLINIC SATELLITE<sup>2</sup>  
☐ HOSPITAL<sup>3</sup>    ☐ HOSPITAL SATELLITE<sup>3</sup>    ☐ DIALYSIS FACILITY<sup>4</sup>

The undersigned **Architect** hereby certifies:

1. It has created the architectural plans and specifications attached hereto as Attachment 1 (the "plans") regarding physical plant improvements (please note a brief project description) \_\_\_\_\_ at (Note the facility's licensed or proposed licensed name.)

facility's licensed name or proposed name \_\_\_\_\_ address \_\_\_\_\_ city/town \_\_\_\_\_ zip code \_\_\_\_\_

if hospital or clinic satellite, name \_\_\_\_\_ address \_\_\_\_\_ city/town \_\_\_\_\_ zip code \_\_\_\_\_

2. The plans have been reviewed against regulations outlined in applicable Massachusetts Department of Public Health licensure regulations <sup>1</sup>105 CMR 150.000 et seq., or <sup>2</sup>105 CMR 140.000 et seq., or <sup>3</sup>105 CMR 130.000 et seq., or <sup>4</sup>105 CMR 145.000 et seq. and the applicable sections of the <sup>2, 3, & 4</sup> 2001 Edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities as appropriate to the facility type.

3. To the undersigned's knowledge, information and belief, the plans meet the requirements of the above referenced codes and regulations in all material aspects, except for the non-conforming items (list regulation numbers) for which waivers will be required, separate waiver forms are attached for each item:


Architectural Firm Name: \_\_\_\_\_

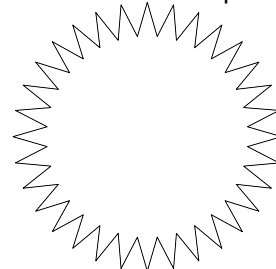
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Revision Dates: \_\_\_\_\_

Architect's Stamp



4. The undersigned **Licensee/proposed licensee** understands and agrees that notwithstanding the plan approval self-certification or abbreviated review process undertaken pursuant to this and the accompanying documents, the Division of Health Care Quality of the Department of Public Health (the "Division") shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto.

5. The facility, \_\_\_\_\_, shall have a continuing obligation to make any changes required by the Division to comply with the above mentioned codes and regulations whether or not physical plant construction or alterations have been completed. (Note the facility's licensed or proposed licensed name and if it is a hospital or clinic satellite note both the parent and satellite's name.)

Facility Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_